

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 11
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>		
Mailing Address PO BOX 16504			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">57742.40</div>		
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042401 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>		
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate ANDREW ROMANOFF		
Name of Federal Candidate ANDREW ROMANOFF		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">199375.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042379 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>		
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate ANDREW ROMANOFF		
Name of Federal Candidate ANDREW ROMANOFF		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">257117.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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09 / 19 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee PUBLIC OPINION STRATEGIES		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042382 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate ANDREW ROMANOFF		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">298284.14</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PUBLIC OPINION STRATEGIES		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">666.74</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042383 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate ANDREW ROMANOFF		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">298284.14</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18666.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Keith A. Davis

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2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 1250.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042372 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate DAVID YOUNG		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		535180.94

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 1250.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042373 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate STACI APPEL		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		535180.94

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Date

MM / DD / YYYY
09 / 19 / 2014

Signature

FEC IDENTIFICATION NUMBER ▼

C C00075820

Date of Public Distribution/Dissemination

09 / 17 / 2014

Amount

10973.37

Transaction ID : SE24-0.042375

Category/ Type	
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Date of Disbursement or Obligation

M M / D D / Y Y Y Y
09 18 2014

☒ Support
☐ Oppose

Office Sought: ☒ House District: 03
☐ President ☐ Senate State: IA

535180.94

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

09 / 17 / 2014

Amount

10973.36

Transaction ID : SE24-0.042376

Category/ Type	
Category 1	
Category 2	
Category 3	
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Category 6	
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Date of Disbursement or Obligation

M M / D D / Y Y Y Y
09 18 2014

- ☐ Support
- ☒ Oppose

Office Sought: ☒ House District: 03
☐ President ☐ Senate State: IA

535180.94

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

21946.73

A blank grid consisting of 10 columns and 5 rows of squares, intended for drawing a diagram.

Keith A. Davis

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Date _____

09 / 19 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM MEDIA INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 1911 N FORT MYER DR STE 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10987.90</div>	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042398 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate WILLIAM L ENYART JR	
Name of Federal Candidate WILLIAM L ENYART JR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DMM MEDIA INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 1911 N FORT MYER DR STE 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10987.90</div>	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042399 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate MIKE J BOST	
Name of Federal Candidate MIKE J BOST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21975.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 815 SLATERS LANE			Amount 29566.80		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042390		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate WILLIAM L ENYART JR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 709511.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 815 SLATERS LANE			Amount 29566.81		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042391		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate MIKE J BOST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 709511.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59133.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014
Mailing Address 815 SLATERS LANE		Amount 117756.05
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042393 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate JERRY CANNON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 162836.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 24405.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042395 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate JERRY CANNON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 162836.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142161.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 705 MELVIN DR STE 105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20675.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24-0.042397 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type	
Name of Federal Candidate JERRY CANNON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">162836.05</div>	
		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 1911 N FORT MYER DR STE 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20088.15</div>	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042400 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate DANIEL B MAFFEI		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">379734.76</div>	
		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40763.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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09 / 19 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 815 SLATERS LANE		Amount 157905.07	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042392
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate DANIEL B MAFFEI		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 379734.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 815 SLATERS LANE		Amount 176470.05	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042389
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate PETE GALLEG0		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 226705.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	334375.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 705 MELVIN DR STE 105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24760.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24-0.042394 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate PETE GALLEG0		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 705 MELVIN DR STE 105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22975.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24-0.042396 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate PETE GALLEG0		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47735.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 603 KING ST 4TH FLR		Amount 2500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.041430
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014	
Name of Federal Candidate PETE GALLEG0		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 226705.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	948874.60

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